

HMIS-Erie: HHS-RHY EXIT FORM

Use block letters for text and bubble in the appropriate circles. Complete a form for each household member.

| AGENCY N | IAME: | | | | | | | | | | | | | | |
|-----------|-------|--------|--------|----------------|----------|---------|--------|-----|---|---|---|--|---|--|--|
| CLIENT NA | ME OF | R IDEI | NTIFII | ER: | | | | | | | | | _ | | |
| P | PROJE | CT EX | XIT D | ATE [/ | All Clie | nts] | | | | | | | | | |
| | | | - | | | - | | | | | | | | | |
| | Month | · · | Į. | Day | | | | Yea | r | 1 | _ | | | | |
| С | LIENT | LOC | ATION | \ [only | if mult | tiple C | oC's]_ | | | | | | | | |

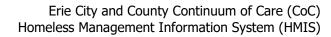
DESTINATION [-All Clients]

| 0 | Deceased | 0 | Rental by client, with RRH or equivalent subsidy |
|---|---|---|---|
| 0 | Emergency shelter, including hotel or motel paid for with emergency shelter voucher | 0 | Rental by client, with VASH housing subsidy |
| 0 | Foster care home or foster care group home | 0 | Rental by client, with GPD TIP housing subsidy |
| 0 | Hospital or other residential nonpsychiatric medical facility | 0 | Rental by client, with other ongoing housing subsidy |
| 0 | Hotel or motel paid for without emergency shelter voucher | 0 | Residential project or halfway house with no homeless criteria |
| 0 | Jail, prison or juvenile detention facility | 0 | Safe Haven |
| 0 | Long-term care facility or nursing home | 0 | Staying or living with family, permanent tenure |
| 0 | Moved from one HOPWA funded project to HOPWA PH | 0 | Staying or living with family, temporary tenure (e.g., room, apartment or house) |
| 0 | Moved from one HOPWA funded project to HOPWA TH | 0 | Staying or living with friends, permanent tenure |
| 0 | Owned by client, no ongoing housing subsidy | 0 | Staying or living with friends, temporary tenure (e.g., room, apartment or house) |
| 0 | Owned by client, with ongoing housing subsidy | 0 | Substance abuse treatment facility or detox center |
| 0 | Permanent housing (other than RRH) for formerly homeless persons | 0 | Transitional housing for homeless persons (including homeless youth) |
| | Place not meant for habitation (e.g., a vehicle, an | 0 | Other (specify): |
| 0 | abandoned building, bus/train/airport or anywhere outside) | 0 | No exit interview completed |
| | | 0 | Client doesn't know |
| 0 | Psychiatric hospital or other psychiatric facility | 0 | Client refused |



Erie City and County Continuum of Care (CoC) Homeless Management Information System (HMIS)

| 0 | Rental by client, no ongoing housing subsidy | 0 | Data | a not coll | ected | |
|------------|--|---------|-------|---------------------------------------|---------|-------------------------------|
| PRO | DJECT COMPLETION STATUS [Head of Household, Adult | ts. an | d Uni | accompa | anied v | vouth1 |
| 0 | Completed project | 10, 0 | | , , , , , , , , , , , , , , , , , , , | | - |
| 0 | Youth voluntarily left early | 0 | | | | ed or otherwise involuntarily |
| U | Tourist Column to the Column t | | ais | scharged | пош | project |
| If vo | uth was expelled or otherwise involuntarily discharged | – Ma | ior r | eason | | |
| y c | Criminal activity/destruction of property/violence | 0 | | | nax tim | nes allowed by project |
| 0 | Non-compliance with project rules | 0 | - | oject terr | | |
| 0 | Non-payment of rent/occupancy charge | 0 | _ | nknown/d | | |
| | The payment of the control of the grant of t | 1 | | | | |
| DIS | ABLING CONDITION [All Clients if 'yes' to any condition, m | nark 'y | /es' | | | |
| 0 | No | | | | 0 | Client doesn't know |
| 0 | Yes | | | | 0 | Client refused |
| | | | | | 0 | Data not collected |
| РНҮ | (SICAL DISABILITY [All Clients] | | | | | |
| 0 | No | | | | 0 | Client doesn't know |
| | | | | | 0 | Client refused |
| 0 | Yes | | | | 0 | Data not collected |
| IF "Y | ES" TO PHYSICAL DISABILITY – SPECIFY | | | | | |
| | | | 0 | No | 0 | Client doesn't know |
| | ected to be of long-continued and indefinite duration and | | | | 0 | Client refused |
| subs | stantially impairs ability to live independently? | | 0 | Yes | 0 | Data not collected |
| DEV | /ELOPMENTAL DISABILITY [All Clients] | | | | | |
| 0 | No | | | | 0 | Client doesn't know |
| | | | | | 0 | Client refused |
| 0 | Yes | | | | 0 | Data not collected |
| IF "Y | ES" TO DEVELOPMENTAL DISABILITY – SPECIFY | | | | | |
| <u> </u> | Or month | | 0 | No | 0 | Client doesn't know |
| Expe | ected to substantially impair ability to live independently? | f | | | 0 | Client refused |
| | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | 0 | Yes | 0 | Data not collected |
| | | 1 | | | | |
| CHF | RONIC HEALTH CONDITION [All Clients] | | | | | |
| 0 | No | | | | 0 | Client doesn't know |
| 0 | Yes | | | | 0 | Client refused |
| Ü | | | | | 0 | Data not collected |
| IF "Y | YES" TO CHRONIC HEALTH CONDITION - SPECIFY | , | | , | 1 | |
| Evne | ected to be of long-continued and indefinite duration and | | 0 | No | 0 | Client doesn't know |
| | stantially impairs ability to live independently? | | 0 | Yes | 0 | Client refused |
| | , , | | _ | . 55 | 0 | Data not collected |





HIV-AIDS [All Clients]

| 0 | No | | | 0 | Client doesn't know |
|------|--|---|-----|---|---------------------|
| | Vee | | | 0 | Client refused |
| 0 | Yes | | | 0 | Data not collected |
| IF " | YES" TO HIV-AIDS – SPECIFY | | | | |
| | | 0 | No | 0 | Client doesn't know |
| | ected to substantially impair ability to live independently? | | Yes | 0 | Client refused |
| ⊨xp | | | | | |

MENTAL HEALTH PROBLEM [All Clients]

| 0 | No | | | 0 | Client doesn't know |
|-------|---|---|-----|---|---------------------|
| | Yes | | | 0 | Client refused |
| 0 | Yes | | | 0 | Data not collected |
| IF "\ | YES" TO MENTAL HEALTH PROBLEMS - SPECIFY | | | | |
| _ | | 0 | No | 0 | Client doesn't know |
| | ected to be of long-continued and indefinite duration and stantially impairs ability to live independently? | | Yes | 0 | Client refused |
| 3003 | stantially impairs ability to live independently: | 0 | 168 | 0 | Data not collected |

SUBSTANCE ABUSE PROBLEM [All Clients]

| | | | | | ı |
|------|---|-------|-------|------|---------------------------|
| 0 | No | | | 0 | Both alcohol & drug abuse |
| _ | Alashal ahusa | | | 0 | Client doesn't know |
| 0 | Alcohol abuse | | | 0 | Client refused |
| 0 | Drug abuse | | | 0 | Data not collected |
| IF " | ALCOHOL ABUSE" "DRUG ABUSE" OR "BOTH ALCOHOL . | AND D | RUG A | BUSE | "- SPECIFY |
| _ | | 0 | No | 0 | Client doesn't know |
| | ected to be of long-continued and indefinite duration and stantially impairs ability to live independently? | | Vaa | 0 | Client refused |
| Subs | stantially impairs ability to live independently? | 0 | Yes | 0 | Data not collected |

INCOME FROM ANY SOURCE [Head of Household and Adults]

| 0 | No | | | | | 0 | Client doesn't | know |
|------|---------------------------------|--------------------|------------|-------|-------------|----------|-----------------|--------|
| _ | V | | | | | 0 | Client refused | |
| 0 | Yes | | | | | 0 | Data not collec | cted |
| IF " | YES" TO INCOME FROM ANY | SOURCE - INDICAT | TE ALL SOL | JRCE | S THAT API | PLY | | |
| Inco | ome Source | | Amount | Inc | ome Source | 9 | | Amount |
| 0 | Alimony and Other Spousal | Support | | 0 | Child supp | ort | | |
| 0 | Pension or Retirement incom | e from former job | | 0 | Earned Inc | come | | |
| 0 | Retirement Income from Soc | ial Security | | 0 | General A | ssistar | nce (GA) | |
| 0 | Social Security Disability Insu | urance (SSDI) | | 0 | Private Dis | sability | Insurance | |
| 0 | Supplemental Security Incor | ne (SSI) | | 0 | Unemploy | ment I | nsurance | |
| 0 | TANF (Temporary Assist for | Needy Families) | | 0 | Worker's (| Compe | ensation | |
| 0 | VA Service Connected Disab | ility Compensation | | 0 | Other sou | rce | | |
| 0 | VA NonService Connected | Disability Pension | | Other | (specify): | | | |
| Tota | I monthly amount: | | | | | | | |



RECEIVING NON-CASH BENEFITS [Head of Household and Adults]

| 0 | No | | | 0 | Client doesn't know |
|--------|---|-------|------------|---------|---------------------|
| | Voc | | | 0 | Client refused |
| 0 | Yes | | | 0 | Data not collected |
| IF "YE | S" TO NON-CASH BENEFITS – INDICATE ALL SOURCES TH | A TAL | PPLY | | |
| 0 | Supplemental Nutrition Assistance Program (SNAP) | 0 | TANF Child | dcare S | Services |
| 0 | Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) | 0 | TANF Tran | sporta | tion Services |
| 0 | Other (Specify): | 0 | Other TANF | F-fund | ed services |

COVERED BY HEALTH INSURANCE [All Clients]

| 0 | No | | | 0 | Client doesn't know |
|------|--|------|-------------|---------|----------------------|
| | Vac | | | 0 | Client refused |
| 0 | Yes | | | 0 | Data not collected |
| IF " | YES" TO HEALTH INSURANCE - HEALTH INSURANCE COVE | RAGE | DETAILS | | |
| 0 | MEDICAID | 0 | Employer F | Provid | led Health Insurance |
| 0 | MEDICARE | 0 | Insurance | Obtai | ned through COBRA |
| 0 | State Children's Health Insurance (SCHIP) | 0 | Private Pay | у Неа | Ith Insurance |
| 0 | Veteran's Administration (VA) Medical Services | 0 | State Heal | th Ins | urance for Adults |
| 0 | Other (specify) | 0 | Indian Hea | alth Se | ervices Program |

RHY SPECIFIC YOUTH INFORMATION

LAST GRADE COMPLETED [Head of Household, Adults and unaccompanied Youth]

| 0 | Less than Grade 5 | 0 | Grades 5-6 |
|---|---------------------|---|-----------------------------------|
| 0 | Grades 7-8 | 0 | Grades 9-11 |
| 0 | Grade 12 | 0 | School does not have grade levels |
| 0 | GED | 0 | Some college |
| 0 | Associate's Degree | 0 | Bachelor's degree |
| 0 | Graduate Degree | 0 | Vocational certification |
| 0 | Client doesn't know | | |
| 0 | Data not collected | 0 | Client refused |

SCHOOL STATUS [Head of Household, Adults, and unaccompanied Youth]

| 0 | Attending school regularly | 0 | Suspended |
|---|------------------------------|---|---------------------|
| 0 | Attending school irregularly | 0 | Expelled |
| 0 | Graduated from high school | 0 | Client doesn't know |
| 0 | Obtained GED | 0 | Client refused |
| 0 | Dropped out | 0 | Data not collected |

Client doesn't know

Data not collected

Client refused

No

Yes

0



| _ | oloyed | | | | |
|--|--|---|--|----------------------|--|
| 0 | No | | | 0 | Client doesn't know |
| _ | Yes | | | 0 | Client refused |
| 0 | res | | | 0 | Data not collected |
| "Y | es" for employed – Type of employme | ent | | | |
| 0 | Full-time | 0 | Sassanal/spor | adic (in | cluding day labor) |
| 0 | Part-time | 0 | Seasonal/spora | auic (iii | cidding day labor) |
| "۱ | lo" for employed – Why not employed | | | | |
| 0 | Looking for work | | Not looking for | work | |
| 0 | Unable to work | 0 | Not looking for | WOIK | |
| | | | | | |
| ЗE | NERAL HEALTH STATUS [Head of Hous | sehold, Adults, and ເ | 1 | Youth] | |
| 0 | Excellent | 0 | Poor | | |
| 0 | Very good | 0 | Client doesn't k | now | |
| 0 | Good | 0 | Client refused | | |
| 0 | Fair | 0 | Data not collec | ted | |
| | | | | | |
| | NTAL HEALTH STATUS [Head of House | | · · | outhJ | |
| 0 | Excellent | 0 | Poor | | |
| 0 | Very good | 0 | Client doesn't k | (now | |
| 0 | 1 | | | | |
| 0 | Good | 0 | Client refused | | |
| | Good Fair | 0 | Client refused Data not collec | ted | |
| 0 | Fair | 0 | Data not collec | | |
| о О | Fair NTAL HEALTH STATUS [Head of House | ehold, Adults, and un | Data not collec | | |
| о • МЕ | Fair NTAL HEALTH STATUS [Head of House Excellent | ehold, Adults, and un | Data not collectaccompanied Your | outh] | |
| 0 0 ME 0 | NTAL HEALTH STATUS [Head of House Excellent Very good | ehold, Adults, and un | Data not collect accompanied You Poor Client doesn't k | outh] | |
| 0 0 ME 0 0 | NTAL HEALTH STATUS [Head of House Excellent Very good Good | ehold, Adults, and un | Data not collect accompanied You Poor Client doesn't k | outh] | |
| 0 0 ME 0 | NTAL HEALTH STATUS [Head of House Excellent Very good | ehold, Adults, and un | Data not collect accompanied You Poor Client doesn't k | outh] | |
| OOOOOO | NTAL HEALTH STATUS [Head of House Excellent Very good Good Fair | ehold, Adults, and un | Data not collect accompanied You Poor Client doesn't k Client refused Data not collect | outh] know ted | outhl |
|<l< td=""><td>Fair NTAL HEALTH STATUS [Head of House Excellent Very good Good Fair EGNANCY STATUS [All Female Head of</td><td>ehold, Adults, and un</td><td>Data not collect accompanied You Poor Client doesn't k Client refused Data not collect</td><td>outh] know ted</td><td></td></l<> | Fair NTAL HEALTH STATUS [Head of House Excellent Very good Good Fair EGNANCY STATUS [All Female Head of | ehold, Adults, and un | Data not collect accompanied You Poor Client doesn't k Client refused Data not collect | outh] know ted | |
| OOOOOO | NTAL HEALTH STATUS [Head of House Excellent Very good Good Fair | ehold, Adults, and un | Data not collect accompanied You Poor Client doesn't k Client refused Data not collect | nied Yo | Client doesn't know |
|<l< td=""><td>Fair NTAL HEALTH STATUS [Head of House Excellent Very good Good Fair EGNANCY STATUS [All Female Head of</td><td>ehold, Adults, and un</td><td>Data not collect accompanied You Poor Client doesn't k Client refused Data not collect</td><td>outh] know ted</td><td>Client doesn't know Client refused</td></l<> | Fair NTAL HEALTH STATUS [Head of House Excellent Very good Good Fair EGNANCY STATUS [All Female Head of | ehold, Adults, and un | Data not collect accompanied You Poor Client doesn't k Client refused Data not collect | outh] know ted | Client doesn't know Client refused |
| O | Fair NTAL HEALTH STATUS [Head of House Excellent Very good Good Fair EGNANCY STATUS [All Female Head of No Yes | ehold, Adults, and un | Data not collect accompanied You Poor Client doesn't k Client refused Data not collect | ted nied Yo | Client doesn't know |
| • • • • • • • • • • • • • • • • • • • | Fair NTAL HEALTH STATUS [Head of House Excellent Very good Good Fair EGNANCY STATUS [All Female Head of No Yes Yes | ehold, Adults, and un | Data not collect accompanied You Poor Client doesn't k Client refused Data not collect | ted nied Yo | Client doesn't know Client refused |
| • • • • • • • • • • • • • • • • • • • | Fair NTAL HEALTH STATUS [Head of House Excellent Very good Good Fair EGNANCY STATUS [All Female Head of No Yes | ehold, Adults, and un | Data not collect accompanied You Poor Client doesn't k Client refused Data not collect | ted nied Yo | Client doesn't know Client refused |
| o o o o PRI o o | Fair NTAL HEALTH STATUS [Head of House Excellent Very good Good Fair EGNANCY STATUS [All Female Head of No Yes Yes Yes Tes" for Pregnancy Status Date: | ehold, Adults, and un | Data not collect accompanied You Poor Client doesn't k Client refused Data not collect | ted nied Yo | Client doesn't know Client refused |
| PRI | Fair NTAL HEALTH STATUS [Head of House Excellent Very good Good Fair EGNANCY STATUS [All Female Head of No Yes Yes Tes" for Pregnancy Status Date: | ehold, Adults, and un chold, Adults, and un | Data not collect accompanied You Poor Client doesn't k Client refused Data not collect and Unaccompanied | ted nied Yo | Client doesn't know Client refused |
| PRI | Fair NTAL HEALTH STATUS [Head of House Excellent Very good Good Fair EGNANCY STATUS [All Female Head of No Yes Yes Tes" for Pregnancy Status Date: MMERCIAL SEXUAL Exploitation/Sex To received anything in exchange for sex (and the sexual exchange for sex (and the sex (a | ehold, Adults, and un chold, Adults, and un | Data not collect accompanied You Poor Client doesn't k Client refused Data not collect and Unaccompanied | ted nied Yo | Client doesn't know Client refused Data not collected |
| PRI | Fair NTAL HEALTH STATUS [Head of House Excellent Very good Good Fair EGNANCY STATUS [All Female Head of No Yes Yes Tes" for Pregnancy Status Date: | ehold, Adults, and un chold, Adults, and un | Data not collect accompanied You Poor Client doesn't k Client refused Data not collect and Unaccompanied | ted nied Yo | Client doesn't know Client refused Data not collected Client doesn't know |
| PRI | Fair NTAL HEALTH STATUS [Head of House Excellent Very good Good Fair EGNANCY STATUS [All Female Head of No Yes Yes Tes" for Pregnancy Status Date: MMERCIAL SEXUAL Exploitation/Sex To received anything in exchange for sex (and the sexual exchange for sex (and the sex (a | ehold, Adults, and un chold, Adults, and un | Data not collect accompanied You Poor Client doesn't k Client refused Data not collect and Unaccompanied | nied Yo | Client doesn't know Client refused Data not collected |

In the last three months?



Erie City and County Continuum of Care (CoC) Homeless Management Information System (HMIS)

| How | many times (ever)? | | | | | | | | | | | |
|--|---|--|--------------------|-----|---|---------------------|--|--|--|--|--|--|
| 0 | 1-3 | doesn't k | know | | | | | | | | | |
| 0 | 4-7 | 0 | Client refused | | | | | | | | | |
| 0 | 8-11 | 0 | Data n | | | | | | | | | |
| 0 | 12 or more | | | | | | | | | | | |
| Ever made/persuaded/forced to have sex in exchange for something? | | | | | | | | | | | | |
| 0 | | | | | | | | | | | | |
| | No | 0 | Client refused | | | | | | | | | |
| 0 | Yes | 0 | Data not collected | | | | | | | | | |
| IF "YES" | | | | | | | | | | | | |
| | | | 0 | No | 0 | Client doesn't know | | | | | | |
| In the | e last three months? | | | | 0 | Client refused | | | | | | |
| | | | 0 | Yes | 0 | Data not collected | | | | | | |
| | OR EXPLOITATION /TRAFFICKING afraid to quit/leave work due to threats of violence to you No | ds? | 0 | | | | | | | | | |
| 0 | Yes | | | | 0 | Data not collected | | | | | | |
| 0 | promised work where work or payment was different the No | Client doesn't know Client refused | | | | | | | | | | |
| 0 | Yes | 0 | Data not collected | | | | | | | | | |
| If "YES" Felt forced, coerced, pressured or tricked into continuing the job? | | | | | | | | | | | | |
| 0 | No | | | | 0 | Client doesn't know | | | | | | |
| | Vac | | | | 0 | Client refused | | | | | | |
| 0 | Yes | | | | 0 | Data not collected | | | | | | |
| IF "Y | ES" | | | | | | | | | | | |
| | | | 0 | No | 0 | Client doesn't know | | | | | | |
| In the | e last three months? | | 0 | Yes | 0 | Client refused | | | | | | |
| | | | | 163 | 0 | Data not collected | | | | | | |
| COUNSELING Counseling received by client? | | | | | | | | | | | | |
| 0 | No No | | | | | | | | | | | |
| 0 | Yes | | | | | | | | | | | |
| IDENTIFY the TYPE(s) of COUNSELING RECEIVED | | | | | | | | | | | | |
| 0 | | Group - including peer counseling | | | | | | | | | | |
| 0 | Family | | | | | _ | | | | | | |
| lden | atify the number of sessions received by exit | | | | | | | | | | | |

Total number of session(s) planned in youth's treatment or service plan _____



Erie City and County Continuum of Care (CoC) Homeless Management Information System (HMIS)

| A pla | ın is | in place to s | start o | r conti | nue co | ounseli | ing aft | er exit | ? | | | | | | | | | |
|--|--|--|---------------|----------|---------------------|----------------|---------------------|---|---------------------|---------|---------|---------|---|--|--|--|--|--|
| 0 | No | | | | | | | | | | | | | | | | | |
| 0 | Yes | 6 | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | d APPROP | | | | | | | | | | | | | | | | |
| Exit | kit destination safe – as determined by the client | | | | | | | | | | | | | | | | | |
| 0 | No | | | | | | Client doesn't know | | | | | | | | | | | |
| 0 | Yes | | | | | | | Client refusedData not collected | | | | | | | | | | |
| | | | | | | | | 0 | U | ata not | collect | .ea | | | | | | |
| Exit | destii | nation safe | – as d | leterm | ined b | v the r | orojec | t/case | work | er | | | | | | | | |
| 0 | No | estination safe – as determined by the pr No | | | | | | | Worker Doesn't Know | | | | | | | | | |
| 0 | Yes | | | | | | | | • | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| Clien | t has permanent positive adult connections outside of project? | | | | | | | | | | | | | | | | | |
| 0 | No | | | 0 | Worker Doesn't Know | | | | | | | | | | | | | |
| 0 | Yes | | | | | | | | | | | | | | | | | |
| Clien | ıt had | : nermanen | t nosi | tive n | eer co | nnect | ions | outside | e of n | roject | | | | | | | | |
| o | No | has permanent positive peer connections outside of project o Worker Doesn't Know | | | | | | | | | | | | | | | | |
| 0 | Yes | | | | | | | | , | VOINCI | Docom | t Itilo | • | | | | | |
| | | | | | | | | | | | | | | | | | | |
| Clien | t has | s permanen | t posi | tive c | ommı | ınity c | onne | ctions | outsi | de of p | roject | | | | | | | |
| 0 | No | | | | | | | | Worker Doesn't Know | | | | | | | | | |
| 0 | Yes | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| CONTACT INFORMATION [Optional- can be entered in Location Tab] | | | | | | | | | | | | | | | | | | |
| | | Phone Nu | mber | | | | | - | | | | - | | | | | | |
| | | F " | | | | | | | | | 1 | | | | | | | |
| | | Email | | | | | | | | | | | | | | | | |
| | | Current A | Addres | ss (if a | applica | able) | | | | | | | | | | | | |
| | | Street | | | | | | | | | | | | | | | | |
| | | City | | | | | | | | | | | | | | | | |
| | State | | | | | | | | Zip Code | | | | | | | | | |

Signature of applicant stating all information is true and correct

Date